PTO/SB/17 (12-04)
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Under the Panen	vork Reduction Act of		is are required to re	snona to a collec				and OMIN C	THURST CONTINUE	
Experies on 12/08/2004.  Fees pursuant to the control of the contr				Complete if Known						
FEE TRANSMITTAL				Application N		10/628,982 July 29, 2003				
For FY 2005				Filing Date	——	Larry L. BRADFORD, et al.				
	FULF	2005/		First Named			, Rabon A		Ct al.	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1711				
TOTAL AMOUN	T OF PAYMENT	(\$) 1,520	.00	Attorney Doc			US2 (1321-	13 DIV C	ON)	
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):  04-1121  Dilworth & Barrese LLP										
Deposit Account Deposit Account Number: 04-1121  Deposit Account Name: Dilworth & Barrese, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments										
Charge any additional fee(s) or underpayments of fee(s)  under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION										
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES										
Ì		NG FEES Small Enti	SEAR Ity	CH FEES Small Entity		Small I				
Application '		_ :	Fee (\$	Fee (\$)	<u>Fee (</u>			Fees Pa	iid (\$)	
Utility	300		500	250	200	100	•	•		
Design	200		100	50	130	65				
Plant Reissue	200 300		300 500	150	160 600	300				
Provisional	200		0	250 0	000	300				
Provisional										
Fee (\$) Fee (\$)										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100										
Multiple dependent claims  360  180										
Total Claims	Paid (\$)			ent Claims	440					
20 or HP = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20										
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)										
3 or HP = x = HP = highest number of independent claims paid for, if greater than 3										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other: Three (3) Month Extension of Time Fee & Notice of Appeal Fee \$1520.00										
SUBMITTED BY				Doublet-4					0.40.4	
Signature				Registration No.25,253 (Attorney/Agent)			Telephone 516 228-8484			
Name (Print/Type)	Rocco S. Bai	rese					<sup>Date</sup> Febru	uary 10	, 2005	
CERTIFICATION UNDER 37 C.F.R. §1.8(a)  I hereby certify that this correspondence and the documents referred to as enclosed the being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.										
Dated: February 10, 2005										

(Name) Recco S. Barrese